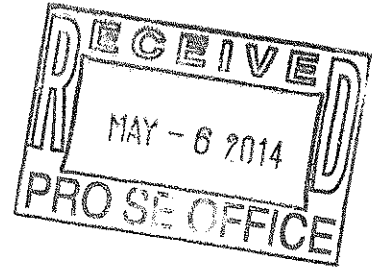


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKReginald P. Carelock

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

VA Hospital and the Doctor
involved in DeRosa
John Doe, John Doe, John Doe
John Doe, John Doe, John Doe

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

Reginald P. Carelock410 Cathedral Parkway apt. 3BManhattan, New YorkNew York 10025(646) 807-7152

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Street Address

VA Hospital
423 East 23rd Street
New York, NY 10001

County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 2 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (*check all that apply*)

☐ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases, or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? VA Hospital 423 East 23rd Street, New York, NY 10001
- B. What date and approximate time did the events giving rise to your claim(s) occur? _____

C. Facts: 1. I had surgery on my left shoulder to shave the rotator cup. The doctor cut the nerve in my left arm causing me to have a second surgery on my left elbow to stop the pain and to stop my left arm from deteriorating any further.

What happened to you?

Who did what?

Was anyone else involved?

2. The VA Hospital gave me medication that they should not have, and my body was and is rejecting. I now have what is called Dystonia. Many of the VA employees including my primary doctor Dr. Neil Shapiro knows or knew me before this happened to me.

Who else saw what happened?

My sister Robin J. Humble.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. For my left arm I have gone to physical therapy. For my Dystonia my primary doctor has sent me to the Bronx VA to see a specialist by the name of Dr. Ruth Walker.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I want the court to see what the VA Hospital has done to me. They have alter my life 360 degrees. Yes I am also seeking monetary compensation because I can no longer take care of myself and I don't want to see this happen to someone else. I am seeking ~~\$\$\$~~ \$50,000,000.00

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 06 day of May, 2014

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Reginald P. Carbeck
440 Cathedral Parkway
apt. 3B New York, NY
10025
(646) 807-7152

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

ON Nov 28 2013 Thanksgiving
 Our me & my home Attendant
 JIMIE WROTE who accompanied me
 to The VA Hospital at 224
 E 21st Ave 1st Ave. I went to
 VA hospital for my left arm that
 I had injured that Nite. I also
 notice I was low on med for my
 SIBONIA which I usually get in the
 mail or go to VA in the Bronx
 to pick up Refill. While at VA on 23rd
 St. The nurse had me take a seat
 and began to register me along with
 taking my vitals. I was then told to
 have a seat and await the doctor
 The doctor that had come down
 was a Psychiatrist by the name ~~OF~~
 DR. Katherine Fichter ~~was supposed~~
~~to me the reason why is I was~~
~~in there system under mental health~~
~~I then became an old because I went~~
~~there to seek medical treatment. Along~~
~~with trying to get a Refill~~

Katherine Fichter And who's
 Jürgen ¹⁵ ~~was~~ Cepak-Jock
 I became ~~an~~ Anoid when
 I learned they had ~~my~~
 my diagnoses ^{is the} ~~my~~ ~~was~~ mental health
 especially when I came in
 for medical treatment
 along with refilling my meds
 being I came for a medical
 emergency I should have
 been able to see a medical
 doc not a psycholo. There
 for I was misdiagnosed once
 again. There is no record of
 me coming to the VA to see
 a doctor being that all my
 needs are due to medical
~~conditions~~ problems. And this I feel they
 should be aware of.

On Nov 28 20013 Thanks
 Giving EVE me And my home
 Attendant J. Whetert who Acc.
 Impred me to the V/A hospital
 AT 224 E 21 ST 1ST AVE, AT App
 Oximetry 8-9pm To see About
 my ~~xxxx~~ x. Left Arm Which I was
 in ~~the~~ pain ~~also~~ ~~also~~ I ALSO was
 Running out of my medication for
 my Systonix. The Nurse Registered
 me ~~for my systonix~~ And before I
 Could explain About my Left Arm
 Along with my Refill my VITALS